

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09782 062

APPLICANT(S)

FILING DATE
02/20/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50		/				
TOTAL IND.	10					
TOTAL DEP.	HS					
TOTAL CLAIMS	55					

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TOTAL CLAIMS					